UNITED SATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: 2 Serial/Patent #				19261
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
/ Filing				\$ 100
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		7 TOTAL AMOUNT OF REFUND \$ /00		
		8 TO BE REFUNDED BY:		
10 REASON:		Treasury Check		
√ Overpayment			redit Dep	osit A/C #:
Duplicate Payment		9 8	130	650
No Fee Due (Explanation):				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: John Anderson			ITLE: Para	legal Specialis
SIGNATURE: John Anderson TITLE: Paralezat Specialist SIGNATURE: John Anderson PHONE: 308-9140 ext 211				
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Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

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